

Youth Summit at APSU
Permission for Attendance; Waiver of Claims; and Consent for Emergency Medical Care

Permission

_____ has my permission to attend the "Youth Summit" program held at APSU as sponsored by the Tennessee Higher Education Commission. This permission includes travel to and from the APSU campus, including travel by bus, and participation in all of the programs and activities scheduled as part of Youth Summit.

Acknowledgment, Release, and Assumption of Risk

I acknowledge that enrollment in the Youth Summit program at APSU includes the requirement for travel to and from the campus, and participation in the full spectrum of college life at APSU, including classroom attendance; traveling throughout the APSU campus; residing in the dormitories; dining at campus food service facilities; engaging in organized or spontaneous recreational events; and having full access to the facilities ordinarily used by students on the APSU campus. I agree that, on behalf of myself and the enrollee identified above, I assume all risks ordinarily attendant to participation in this program, and I hereby waive and release the State of Tennessee, the Tennessee Higher Education Commission, and its officers, employees, and volunteers from and against any claim for liability arising out of any personal injury, including death, or any property damage, including theft, which occurs or relates to the enrollee's participation in the Youth Summit program. I also agree to indemnify and hold harmless the State of Tennessee, the Tennessee Higher Education Commission, and its officers, employees, and volunteers from and against any claim arising out of the enrollee's attendance, conduct, and activities within the program.

Parent/Guardian Signature

Date

Parent/ Guardian Consent for Medical Treatment

I, _____, legal guardian of _____, authorize the
(Parent/Guardian name) (name of enrollee)
staff of the Tennessee Higher Education Commission to grant consent for medical treatment for the enrollee in the case of an emergency during Youth Summit, or arising out of attendance at Youth Summit. I assume all financial responsibility for medical costs arising from emergency medical care over and above costs covered by the personal insurance benefits provided by me for the enrollee named above.

Parent/Guardian signature

Date

Emergency Contact Information

Parent/Guardian Name _____

Home Phone _____ Parent Cell Phone _____

Address _____ City _____ Zip _____

Employer (mother) _____ Work Phone _____

Employer (father) _____ Work Phone _____

Name of other emergency contact (relative, family friend) _____

Phone (home) _____ Phone (work) _____

Please list enrollee's allergies or medical problems, if any _____

Routine medications taken by enrollee _____

Special diet requirements _____

Last tetanus shot (date) _____

Emergency and Hospitalization Insurance

Insurance Company _____ Policy # _____

Name of Primary Person Insured _____ Pre-admission telephone # _____

Name of Primary Physician _____ Primary Physician telephone # _____